

# Direct Deposit Enrollment Form For Child Support Payments

Your Name: (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Phone: \_\_\_\_\_

I authorize the Nebraska Child Support Payment Center to initiate a direct deposit of my child support payment into my **Checking** or **Savings** account (circle one).

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

(at the bottom of your check, starting from the left - it is a nine-digit number)

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**\*\*\*Please attach a voided check or photocopy of a voided check\*\*\***

**Do not** use deposit tickets, they do not always contain the information  
needed for direct deposit

If you make a change in your bank information, you must notify the Nebraska Child Support Payment Center and complete a new authorization from. Notice must be given at least 10 business days prior to any pending transaction. If notifying of a change in bank information over the Internet ([www.nebraskachildsupport.com](http://www.nebraskachildsupport.com)), notification must take place two business days prior to the next transaction in order to change or stop a payment in progress.

I acknowledge that the origination of these transactions to my account must comply with United States Law. I further authorize the Nebraska Child Support Payment Center to initiate debit entries to my account as may be necessary to correct any erroneous credit entry initiated.

Signature: \_\_\_\_\_

Date \_\_\_\_\_